

APPLICATION FOR FUEL EXEMPTION NUMBER*Read instructions on reverse before completing this form.*

SECTION I: OWNERSHIP AND BUSINESS INFORMATION		FOR BOARD USE ONLY			
1. TYPE OF OWNERSHIP <i>(check one)</i>		TAX	IND	OFFICE	ACCOUNT NUMBER
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Husband and Wife	SJ			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)				
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Unincorporated Business Trust	NAICS CODE		BUS. CODE	AREA CODE
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)			85	
<input type="checkbox"/> Other _____		PROCESSED BY		CERTIFICATE ISSUE DATE <i>(mm/dd/yy)</i>	REPORTING BASIS X
					STARTING DATE <i>(mm/dd/yy)</i>
2. NAME OF SOLE OWNER, HUSBAND AND WIFE, CORPORATION, LLP, PARTNERSHIP OR TRUST				3. COUNTRY/STATE OF INCORPORATION OR ORGANIZATION	
4. NAME OF PURCHASING CARRIER				5. DATE PURCHASES WILL BEGIN <i>(mm/dd/yy)</i>	
6. NATURE OF BUSINESS					
<input type="checkbox"/> Air Common Carrier <input type="checkbox"/> Water Common Carrier					
7. BUSINESS ADDRESS <i>(street, city, state/country, zip code)</i>					
8. MAILING ADDRESS <i>(street, city, state/country, zip code, if different from business address)</i>					

SECTION II: AGENT INFORMATION


9. NAME OF AGENT IF APPLICABLE <i>(submit copy of authorization with this application)</i>		10. AGENT'S BUSINESS PHONE NUMBER ()
11. AGENT'S BUSINESS ADDRESS <i>(street, city, state/country, zip code)</i>		
12. AGENT'S MAILING ADDRESS <i>(street, city, state/country, zip code, if different from business address)</i>		

FILING INSTRUCTIONS

You will be required to file returns when (1) you are notified by the Board of Equalization to do so, or (2) when you incur a sales or use tax liability based on consumption of fuel erroneously claimed as exempt from sales or use tax at the time of purchase.

CERTIFICATION

I am duly authorized to sign this application and certify the statements made are correct to the best of my knowledge and belief.

NAME <i>(type or print)</i>		SIGNATURE 
BUSINESS PHONE ()	TITLE	DATE <i>(mm/dd/yy)</i>

FOR BOARD USE ONLY

FURNISHED TO TAXPAYER	
<input type="checkbox"/> BOE-519 <input type="checkbox"/> Reg. 1621 <input type="checkbox"/> Reg. 1667 <input type="checkbox"/> Reg. 1702.5 Other _____	
REMARKS	

INSTRUCTIONS

Section I – Ownership and Business Information – All Applicants:

(Items 1-8) You must provide the information requested for each type of owner. The purchasing carrier (vessel name, if applicable and if known) should be entered. The date fuel is first delivered to the vessel aircraft should also be entered.

Section II – Agent Information:

(Items 9-12) If an agent is applying for the Fuel Exemption on behalf of the owner, the agent must submit a copy of the authorization at the time of application. All agent information is required.

Filing Instructions:

If returns are required, the Board will send you information as stated.

Certification:

All applicants must sign this form. Authorized agents signing this form will be required to show proper identification.